

**EXHIBIT A**



BANK OF AMERICA, N.A. (THE "BANK")

Personal Signature Card  
with Substitute Form W-9Account Number 0033 4292 8014☐ Temporary Signature Card (deposit accounts only)Account Type MYACCESS CHECKINGAccount Title DON E BAILEY

By signing below, I/we acknowledge and agree that this account is and shall be governed by the terms and conditions set forth in the following documents, as amended from time to time: (1) If this account is a deposit account, the Deposit Agreement and Disclosures, the Personal Schedule of Fees and the Miscellaneous Fees for Personal Accounts, and (2) if this account is a Line of Credit, the Line of Credit Agreement and Disclosures. Furthermore, I/we acknowledge the receipt of these documents. By signing below, I/we also acknowledge and agree that the signature(s) will serve as verification for any transaction in connection with this account, any Line of Credit checks which I/we may sign, and as the certification (set forth below) of the taxpayer identification number to which I/we want interest reported.

Substitute Form W-9. (Required only for Deposit Accounts) Certification: Under penalties of perjury, I certify that: (1) The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) The IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

## Certification Instructions

You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. (See also IRS instructions for Form W-9).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Tax Identification Number	Report Interest On	Signature	ATM/Check Card Requested? * (Deposit Accounts Only)
1. <u>254-80-2149</u>	<input checked="" type="checkbox"/> <u>1</u>	<u>Don E Bailey</u>	<input type="checkbox"/>
2. <u>/</u>	<input type="checkbox"/>		<input type="checkbox"/>
3. <u>/</u>	<input type="checkbox"/>		<input type="checkbox"/>
4. <u>/</u>	<input type="checkbox"/>		<input type="checkbox"/>
5. <u>/</u>	<input type="checkbox"/>		<input type="checkbox"/>

\* By checking the box marked "ATM/Check Card Requested?", I/we hereby request an Automatic Teller Machine Card and/or a Check Card.

## Bank Information

## Customer 1

Name DON E BAILEY

DRIVER'S LICENSE

Review Information

APPROVED EXISTING004980894

## Customer 2

Name \_\_\_\_\_

Review Information \_\_\_\_\_

## Customer 3

Name \_\_\_\_\_

Review Information \_\_\_\_\_

## Customer 4

Name \_\_\_\_\_

Review Information \_\_\_\_\_

## Customer 5

Name \_\_\_\_\_

Review Information \_\_\_\_\_

004980894Date 11/05/2005Banking Center Name DENOV0 PROVIDENCE PAVILIONAssociate's Phone Number 770-398-2082Associate's Name ATKINS Y CASANDRA

10-14-000004 08-3001 NGA